

ELEVATE

NUTRITION COACHING

Date: _____

Name: _____ Gender:

Male

Female

Date of Birth: _____

Address: _____

City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____

Email: _____

Family Physician: _____

Referred by: _____

(If different than physician above)

POWERED BY

INSULIN IQ™



Before meeting with a nutrition coach, please fill this form out completely. This information is kept confidential; it is used to tailor our program to your specific needs.

Name:	Age:
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Mark all Medial Conditions that apply	Yes	No		Yes	No
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Depression/Anxiety	<input type="radio"/>	<input type="radio"/>
Type 1 Diabetes	<input type="radio"/>	<input type="radio"/>	Sleep Apnea	<input type="radio"/>	<input type="radio"/>
Type 2 Diabetes	<input type="radio"/>	<input type="radio"/>	Epilepsy	<input type="radio"/>	<input type="radio"/>
Heart Disease/Heart Attack	<input type="radio"/>	<input type="radio"/>	Autoimmune Disorders (list)	<input type="radio"/>	<input type="radio"/>
Other Heart Conditions	<input type="radio"/>	<input type="radio"/>	Thyroid Conditions	<input type="radio"/>	<input type="radio"/>
Cancer (list type)	<input type="radio"/>	<input type="radio"/>	PCOS/Fertility Issues	<input type="radio"/>	<input type="radio"/>
Kidney Disease/Impaired Function	<input type="radio"/>	<input type="radio"/>	Osteoporosis/Osteopenia	<input type="radio"/>	<input type="radio"/>
Kidney Stones/Gout	<input type="radio"/>	<input type="radio"/>	Arthritis/Joint Pain	<input type="radio"/>	<input type="radio"/>
Liver Disease/Fatty Liver	<input type="radio"/>	<input type="radio"/>	Parkinson's/Alzheimer's	<input type="radio"/>	<input type="radio"/>
Diverticulitis	<input type="radio"/>	<input type="radio"/>	Currently Pregnant/Nursing	<input type="radio"/>	<input type="radio"/>
Gastrointestinal Disorders	<input type="radio"/>	<input type="radio"/>	Gal Bladder Removed	<input type="radio"/>	<input type="radio"/>
Neurological Disorders	<input type="radio"/>	<input type="radio"/>	Weight Loss Surgery	<input type="radio"/>	<input type="radio"/>
Headaches/Migraines	<input type="radio"/>	<input type="radio"/>	Do you have a Pacemaker	<input type="radio"/>	<input type="radio"/>

Please List All Medications (both over-the-counter and prescribed)			
	Dosage		Dosage

I affirm that the above information is accurate and true.

Patient Signature _____ Date _____

Elevate Fitness & Rehabilitation

No Show & Late Cancellation Policy

This Policy has been established to serve you better.

It is necessary for us to make appointments in order to see our clients as efficiently as possible. No shows and cancellations cause problems that go beyond a financial impact on our business. When an appointment is made, it takes an available time slot away from another client. No shows and cancellations delay the delivery of services to other clients.

A "no show" is missing a scheduled appointment.

A "late cancellation" is canceling an appointment without providing at least 24 hours in advance of your scheduled appointment.

A fee of \$25.00 will be assessed for each No Show or Late Cancellation of an appointment if less than 24 hours advance notice is given.

The fee is automatically billed to your payment information on file.

I hereby agree to the terms and conditions set forth above. I acknowledge that I have not relied on any other representation or statement other than those contained in this agreement. I permit that the payment information I have provided to Elevate Fitness & Rehabilitation, Inc. may be automatically charged per the terms and conditions set forth above, and without prior notice to me.

SIGNATURE

Date

PRINT NAME

DISCLAIMER OF LIABILITY

CONSENT AND RELEASE FOR SCREENING: I hereby consent to the testing of glucose and/or ketones for the purpose of self evaluation. In consideration of having my finger pricked, I hereby release Elevate Fitness & Rehabilitation, Inc., authorized Insulin IQ facility, with this blood drawing or from any data derived there from. I understand that this data may be shared with my referring physician, if I have provided one. I understand that:

1. The data derived from my test is considered preliminary only and does not constitute a **diagnosis** of insulin resistance or diabetes, or any other medical condition.
2. If the results of test measurements suggest that I MAY be at risk of diabetes, I should contact my personal physician for follow-up.
3. The responsibility for initiating a follow-up exam to confirm the results of this screening and obtain professional medical assistance is mine alone and not that of any organization or individual associated with this screening.

COACHING: Your Certified Insulin IQ Coach is not a physician or psychologist, and the scope of his/her consultation services does not include treatment or diagnosis of specific illnesses or disorders. If you, the client, suspect you may have an illness that may require medical attention, you are encouraged to consult with a licensed physician without delay. Only a licensed physician can prescribe drugs. Any mention of drugs in the course of consultation is only for the purpose of providing a complete history of drugs that the client is taking and not for your Nutrition Coach to judge the appropriateness of the medication. Any change in prescription or dosage is a decision the client makes with his or her physician.

Rather than dealing with treatment of disease, your Nutrition Coach focuses on wellness and prevention of illness through the use of non-toxic, natural nutritional therapies to achieve optimal health. A Certified Insulin IQ Coach primarily educates and motivates clients to assume more personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet.

While people generally experience greater health and wellness as a result of embracing a healthier attitude, lifestyle, and diet, Elevate Fitness & Rehabilitation, Inc. and its' affiliate Nutrition Coaches do not promise or guarantee weight loss or protection from future illness.

By signing below, you acknowledge that you understand that your Certified Insulin IQ Coach is a health consultant and not a physician, and that you should see a doctor if you think you have a medical condition. Elevate Fitness & Rehabilitation, Inc. and its' affiliate Nutrition Coaches will not be held liable for failure to diagnose or treat an illness, nor will they be liable for failure to prevent future illness.

Additionally, you agree to give your Nutrition Coach a complete and accurate account of any medical conditions that you may have and any medication that you are taking.

Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You recognize that any and all risks are further compounded by the fact that many of the exercises and/or other training activities are unsupervised at some or all times. You agree that by participating in physical exercise or other training activities, you do so entirely at your own risk.

Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of any facilities and premises and assume all risk of injury, illness, or death. You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of all liability. You

